

Massachusetts Department of Environmental Protection  
Bureau of Air and Waste – Stage I Vapor Recovery Program

# Stage I Form A

MassDEP Facility Account # \_\_\_\_\_

## Stage I Installation/Substantial Modification Certification

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

### A. Applicability

**A Stage I Form A shall be submitted for the following (Check only one):**

1. Installation of a new Stage I system at a new motor vehicle fuel dispensing facility where a fuel dispensing facility never existed. ☐
2. Substantial modification of an existing Stage I system. ☐
3. A Stage I system where tanks that were temporarily out of service have reopened for fuel dispensing. ☐

### B. Stage I System Documentation

1. Stage I System Location

\_\_\_\_\_  
Name of Facility Where the Stage I System is Installed

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City/Town

MA  
State

\_\_\_\_\_  
Zip Code

2. Gasoline is dispensed to: ☐ Private fleet ☐ Commercial (general public)
3. Anticipated amount of gasoline dispensed annually (gallons/annually):  
☐ Less than 120,000 ☐ 120,000 to 240,000 ☐ 240,001 to 500,000  
☐ 500,001 to 1,200,000 ☐ 1,200,001 to 2,000,000 ☐ Greater than 2,000,000
4. If one or more **new** Underground Storage Tanks (USTs) have been installed at a new or existing motor vehicle fuel dispensing facility, has an updated UST Facility Registration form been completed and submitted to the MassDEP UST program?  
☐ Yes ☐ No

If **No**, UST Facility Registration is required; forms are available at:

<http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

### C. Stage I System Responsible Official Documentation

1. Stage I System Responsible Official #1 (point of contact for Stage I related correspondence):

\_\_\_\_\_  
Name of Stage I System Responsible Official #1

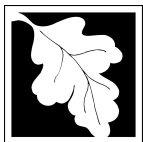
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address



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# Stage I Form A

MassDEP Facility Account # \_\_\_\_\_

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## C. Stage I System Responsible Official Documentation (cont.)

2. Stage I System Responsible Official #2 (fill out only if applicable):

\_\_\_\_\_  
Name of Stage I System Responsible Official #2

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Company or Facility

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

3. Source of Authority for each Stage I System Responsible Official (RO), as applicable. Please check only **one** box for each RO.

If a Corporation, an official with authority to bind the Corporation:

	RO #1	RO #2		RO #1	RO #2
President	<input type="checkbox"/>	<input type="checkbox"/>	Vice President	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	Other person who performs a similar policy-	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	making or decision-making function of the		
			Corporation		

If a Partnership, a general partner

☐ ☐

If a Sole Proprietorship, the proprietor

☐ ☐

If a Trust, a trustee

☐ ☐

If a Limited Liability Company, an authorized person

☐ ☐

If a municipality/public agency, a principal executive official  
or ranking elected official with authority to enter into contracts  
on behalf of the municipality/public agency

☐ ☐

## D. Annual Stage I System Compliance Fee Billing Documentation

\_\_\_\_\_  
Name of Dept, Division, etc, otherwise leave blank. Please do **not** indicate contact name.

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Company (Corp., Co., Inc., LLC, etc.)

\_\_\_\_\_  
Federal Employer ID# - FEIN

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code



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# Stage I Form A

MassDEP Facility Account # \_\_\_\_\_

## Stage I Installation/Substantial Modification Certification

Section E is to  
be completed by  
compliance  
testing company  
only

### E. Compliance Testing Company Certification

1. \_\_\_\_\_  
Name of Compliance Testing Company
2. Compliance Testing Company MassDEP ID #: \_\_\_\_\_
3. Enter in item 4. the Stage I system type or CARB order number. Answer “Yes” for only one question:
  - a. Is a Stage I system installed with both pre-EVR and EVR Stage I components? ☐ Yes ☐ No  
If yes, enter “**Pre-EVR / EVR System**” in 4. below.
  - b. Is a Stage I system installed with only components from different CARB Certified EVR System Executive Orders? (“mix and match” EVR system) ☐ Yes ☐ No  
If yes, enter “**Component EVR System**” in 4. below.
  - c. Is a Stage I “**CARB Certified EVR System**” installed and are all components listed and approved in a single Stage I EVR CARB Executive Order? ☐ Yes ☐ No  
If yes, enter the **CARB Executive Order Number** for the applicable EVR system in 4. below.
4. Stage I System Type OR CARB Executive Order #: \_\_\_\_\_
5. Tank Type: UST or AST? \_\_\_\_\_ 6. AST Manufacturer: \_\_\_\_\_
7. Stage I Type: Coaxial or Dual Point? \_\_\_\_\_

Coaxial Stage I systems are prohibited on **new** Stage I system installations and tank replacements.

- a. If Coaxial, are poppeted coaxial drop tubes installed? ☐ Yes ☐ No
- b. If Dual Point, are EVR rotatable adaptors installed? ☐ Yes ☐ No
8. For motor vehicle fuel dispensing facilities with two or more USTs, prior to performing the required compliance tests, did you confirm that the gasoline storage tanks are properly manifolded?  
☐ Yes ☐ No ☐ Not Applicable (i.e., one gasoline storage tank)
9. For Stage I systems in 3.a - c. above, prior to performing the required compliance tests, did you confirm that all Stage I system components are installed in accordance with the system’s applicable CARB Executive Orders and manufacturers’ guidance? ☐ Yes ☐ No
10. Indicate **date** each required Stage I compliance test, as applicable, was performed and **passed**:

Pressure Decay test	(TP-201.3)	_____
Vapor Tie test	(TP-96-1)	_____
P/V Vent Valve test	(TP-201.1E)	_____
Static Torque Rotatable Adaptor test <sup>1</sup>	(TP-201.1B)	_____
Leak Rate of Drop Tube / Drain Valve test 1, 2	(TP-201.1C)	_____
Leak Rate of Drop Tube / Overfill Prevention Device test 1, 2	(TP-201.1D)	_____

<sup>1</sup> Test required only for CARB EVR Stage I components.

<sup>2</sup> Testing Company must conduct either TP-201-1D **or** TP-201.1C depending on system configuration.



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# Stage I Form A

MassDEP Facility Account # \_\_\_\_\_

## Stage I Installation/Substantial Modification Certification

Section E is to be completed by compliance testing company only

### E. Compliance Testing Company Certification (cont.)

10. Did you perform each applicable compliance test in accordance with the referenced test procedure?

☐ Yes ☐ No

11. Compliance Testing Company Responsible Official Certification Statement

I certify that, **(a)** I have personally examined the foregoing and am familiar with the information contained in Section E. and all attachments that pertain to Section E., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and **(b)** I am fully authorized to make this attestation on behalf of this Compliance Testing Company.

Printed Name of Compliance Testing Company  
Responsible Official

Signature of Compliance Testing Company  
Responsible Official

Date

Section F. is to be completed by Stage I System Responsible Official(s) only.

### F. Stage I System Responsible Official Compliance Certification

#### 1. Stage I System Operation & Maintenance, Training, and Weekly Inspections

- a. Have you obtained and reviewed the applicable CARB Executive Orders or manufacturers' guidance for your Stage I system to ensure correct operation and maintenance of your Stage I system? (The CARB Executive Order or System Type is identified on page 3, section E. 4.)

☐ Yes ☐ No

If **NO**, CARB Orders are available at: <http://www.arb.ca.gov/vapor/eo-evrphase1.htm>

Stage I System Responsible Official attesting to compliance status ☐ #1 ☐ #2

- b. Have you obtained and reviewed **MassDEP's Stage I Weekly Inspection & Compliance Guidance Manual**? ☐ Yes ☐ No

If **NO**, Guidance Manuals are available at:

<http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>

The MassDEP Stage I Weekly Inspection & Compliance Guidance Manual provides guidance and training for conducting the required visual inspections.

Stage I System Responsible Official attesting to compliance status ☐ #1 ☐ #2

- c. Are you in compliance with the requirement that all **persons** conducting visual inspections of the Stage I System are **trained** to operate and maintain the Stage I system in accordance with the manufacturers' guidance?

☐ Yes ☐ No

Stage I System Responsible Official attesting to compliance status ☐ #1 ☐ #2

- d. Are you in compliance with the requirement that the **Stage I system** must be **visually inspected** once every **seven** days?

☐ Yes ☐ No

Stage I System Responsible Official attesting to compliance status ☐ #1 ☐ #2



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# Stage I Form A

MassDEP Facility Account # \_\_\_\_\_

## Stage I Installation/Substantial Modification Certification

Section F. is to be completed by Stage I System Responsible Official(s) only.

### F. Stage I System Responsible Official Compliance Certification (cont.)

- e. Are you in compliance with the requirement that upon determining during a **visual inspection** that Stage I system components are incorrectly installed, non-functioning or broken, the owner/operator of a motor vehicle fuel dispensing facility shall:
1. Immediately repair or replace the components with CARB Enhanced Vapor Recovery (EVR) components (except coaxial components and slip-on spill buckets may be non-EVR) and install them in accordance with applicable Executive Orders and manufacturers guidance; **or**  
☐ Yes      ☐ No
  2. If repairs or replacements could not be made immediately, did you repair or replace the components within 30 days of the visual inspection date; **or**  
☐ Yes      ☐ No
  3. If the components could not be repaired or replaced within 30 days of the visual inspection date, did you cease the transfer of motor vehicle fuel into the motor vehicle fuel storage tanks equipped with the incorrectly installed, non-functioning or broken components until the components were repaired or replaced?  
☐ Yes      ☐ No

Stage I System Responsible Official attesting to compliance status

☐ #1

☐ #2

### 2. Stage I System Record Keeping

Are you in compliance with the requirement to retain on-site in a centralized location in either hard copy or electronic format the following records?

- a. All of the weekly inspection checklists for the prior rolling twelve-month period.
- b. A copy of the compliance testing company test results for compliance tests performed during the prior rolling twelve-month period.
- c. A copy of the Stage I system's most recent In-Use Compliance Certification or, if more recent, a copy of the Stage I system's Installation/Substantial Modification Certification.
- d. Training Log of all persons trained to perform visual inspections of the Stage I System.  
☐ Yes      ☐ No

Stage I System Responsible Official attesting to compliance status

☐ #1

☐ #2



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**Stage I Form A**

MassDEP Facility Account # \_\_\_\_\_

Stage I Installation/Substantial Modification Certification

**F. Stage I System Responsible Official Compliance Certification (cont.)**

**3. Stage I System Responsible Official Compliance Certification Statement**

I certify that, **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; **(b)** systems<sup>1</sup> to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, **(c)** I am fully authorized to make this attestation on behalf of the facility.

_____ Printed Name of Stage I Responsible Official #1	_____ Signature of Stage I Responsible Official #1	_____ Date
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_____ Printed Name of Stage I Responsible Official #2	_____ Signature of Stage I Responsible Official #2	_____ Date
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<sup>1</sup> For purposes of this statement, "systems to maintain compliance" means procedures that the Stage I facility owner and/or operator has established to ensure that visual inspections and required tests are conducted, that broken or defective components are repaired or replaced and that required records are maintained.